

STATE EMPLOYEES' DEFERRED COMPENSATION PLAN
FORM FOR DIRECT ROLLOVER INTO ILLINOIS PLAN

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 800/442-1300, 217/782-7006 or 800/526-0844.

Last Name	First	Middle Initial	Social Security Number	Date of Birth
Street			City/State	Zip Code
Agency or University			Office Phone Number ()	Home Phone Number ()
Work Address	Payroll Code No. _____ (See your pay stub)			
SECTION A: TRANSACTION TYPE- Account transfer <input type="checkbox"/> into an existing account <input type="checkbox"/> no existing account				
SECTION B: PRIOR RETIREMENT PLAN INFORMATION - Note: Only pre-tax amounts can be accepted.				
Name of prior Plan Entity			Type of prior plan:	
Plan Administrator			<input type="checkbox"/> 457 <input type="checkbox"/> 401k	
Address of Plan Administrator			<input type="checkbox"/> 403b <input type="checkbox"/> Traditional IRA	
Other _____				
Contact Person	Phone Number _____			
SECTION C: ACCOUNT INFORMATION				
Please fill in your transfer account value \$ _____ on _____ (month) (day) (year).				
SECTION D: INVESTMENT REQUEST -Select one fund or a combination in which to invest your transferred account. The percentages must total 100% and must be in whole numbers with no fractions.				
I hereby request that my account transfer be invested in the following manner:				
These funds are one-step options that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you.		These funds are the options if you want to select your own investment mix.		
T. Rowe Price Retirement Funds:		<input type="checkbox"/> % Retirement 2045 Fund/TRRKX <input type="checkbox"/> % Retirement 2040 Fund/TRRDX <input type="checkbox"/> % Retirement 2035 Fund/TRRJX <input type="checkbox"/> % Retirement 2030 Fund/TRRCX <input type="checkbox"/> % Retirement 2025 Fund/TRRHX <input type="checkbox"/> % Retirement 2020 Fund/TRRBX <input type="checkbox"/> % Retirement 2015 Fund/TRRGX <input type="checkbox"/> % Retirement 2010 Fund/TRRAX <input type="checkbox"/> % Retirement 2005 Fund/TRRFX <input type="checkbox"/> % Retirement Income Fund/TRRIX		
<input type="checkbox"/> % Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market) <input type="checkbox"/> % Stable Return Fund (investment contracts) <input type="checkbox"/> % Vanguard Total Bond Market Index Fund Inst. Shares/VBTIX (bond index) <input type="checkbox"/> % T. Rowe Price New Income Fund/PRCIX (bonds) <input type="checkbox"/> % Fidelity Puritan Fund/FPURX (stocks & bonds) <input type="checkbox"/> % Vanguard Institutional Index Fund/VINIX (stock index) <input type="checkbox"/> % Legg-Mason Value Trust/LMVFX (large-company stocks) <input type="checkbox"/> % LSV Value Equity/LSVEX (large-company stocks) <input type="checkbox"/> % Wells Fargo Large Company Growth Fund/NVLCX (large-company stocks) <input type="checkbox"/> % Columbia Acorn Fund/ACRNX (small-company stocks) <input type="checkbox"/> % Ariel Fund/ARGFX (stocks - social restrictions/advisor minority owned) <input type="checkbox"/> % T. Rowe Price International Stock Fund/PRITX (stocks outside U.S.) <input type="checkbox"/> % Northern Small Cap Value Fund/NOSGX (small-company stocks)				

TO BE COMPLETED BY DEFERRED COMPENSATION STAFF

Total amount of plan transfer _____ Date transfer monies received _____ Date invested _____

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

SIGNATURE X _____ DATE _____